

REDACTED

JS 45 (11/2002)

Criminal Case Cover Sheet**U.S. District Court**

Place of Offense:		Under Seal: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Judge Assigned:
City: <u>EDVA</u>	Criminal Complaint:		Criminal Number: 2:23cr <u>35</u>
County/Parish:	Same Defendant:		New Defendant: Whitteney Guyton
	Magistrate Judge Case Number:	Arraignment Date: Summons to appear April 1, 2023	
	Search Warrant Case Number:		
	R 20/R 40 from District of _____		

Defendant Information:

Juvenile: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	FBI# ----
Defendant Name: Whitteney Guyton	
Alias Name(s):	
Address: Suffolk, VA 23435	
Birth Date: 1981	SS#: 1996
Sex: Female	Race: black
Nationality:	Place of Birth:
Height:	Weight: s
Hair: black	Eyes: brown
Scars/Tattoos:	
Interpreter: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	List Language and/or dialect:

Location Status:

Arrest Date:		
<input type="checkbox"/> Already in Federal Custody as of: in		
<input type="checkbox"/> Already in State Custody	<input type="checkbox"/> On Pretrial Release	<input checked="" type="checkbox"/> Not in Custody
<input type="checkbox"/> Arrest Warrant Requested	<input type="checkbox"/> Fugitive	<input checked="" type="checkbox"/> Summons Requested
<input type="checkbox"/> Arrest Warrant Pending	<input type="checkbox"/> Detention Sought	<input type="checkbox"/> Bond

Defense Counsel Information:

Name: James Broccoletti	<input type="checkbox"/> Court Appointed
Address:	<input checked="" type="checkbox"/> Retained
Telephone:	<input type="checkbox"/> Public Defender
Email:	<input type="checkbox"/> Office of Federal Public Defender should not be appointed due to conflict of interest
	<input type="checkbox"/> CJA attorney: _____ should not be appointed due to conflict of interest

U.S. Attorney Information:

AUSA: Elizabeth Yusi	Telephone No. 757-441-6331	Bar #: 91982
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Complainant Agency, Address & Phone Number or Person & Title:

HHS SA Tameka Williams 804-412-8782

U.S.C. Citations:

	Code/Section	Description of Offense Charged	Count(s)	Capital/Felony/Misd/Petty
Set 1	18 U.S.C. § 1347	Health Care Fraud	1	Felony
Set 2	18 U.S.C. § 1035	False Statements Relating to Health Care Matter	2-9	Felony
Set 3	18 U.S.C. § 1028A	Aggravated Identity Theft	10-11	Felony
Set 4		Criminal Forfeiture		